

<b>efile Public Visual Render</b> <b>Schedule I</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service  Name of the organization NATIONAL CENTER FOR HOUSING MANAGEMENT	<b>ObjectID: 201721819349300217 - Submission: 2017-06-30</b>  <b>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</b> Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	<b>TIN: 52-0955650</b>  OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2016</div> Open to Public Inspection
		Employer identification number 52-0955650

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRADLEY IMPACT FUND 1249 NORTH FRANKLIN PLACE MILWAUKEE, WI 53202	45-4678325	501(C)(3)	100,000				ORGANIZATIONAL SUPPORT
(2) EISENHOWER CENTER 4425 W WOOLWORTH AVE MILWAUKEE, WI 53218	39-1540021	501(C)(3)	5,426				ORGANIZATIONAL SUPPORT
(3) MILWAUKEE ART MUSEUM 700 N ART MUSEUM DR MILWAUKEE, WI 53202	39-0806316	501(C)(3)	5,000				ORGANIZATIONAL SUPPORT
(4) TURNING POINT USA 217 1/2 ILLINOIS ST LEMONT, IL 60439	80-0835023	501(C)(3)	225,000				ORGANIZATIONAL SUPPORT
(5) MUSEUM OF WISCONSIN ART 205 VETERANS AVE WEST BEND, WI 53095	39-3017647	501(C)(3)	7,500				ORGANIZATIONAL SUPPORT
(6) THREE HOLY WOMEN CATHOLIC PARISH 1716 N HUMBOLDT AVE MILWAUKEE, WI 532021697	39-1991510	501(C)(3)	250,000				ORGANIZATIONAL SUPPORT
(7) FLORENTINE OPERA 930 E BURLEIGH ST MILWAUKEE, WI 53212	39-1991510	501(C)(3)	15,000				ORGANIZATIONAL SUPPORT
(8) UNITED NEGRO COLLEGE FUND 105 ADAMS ST STE 2400 CHICAGO, IL 60603	13-1624241	501(C)(3)	10,000				ORGANIZATIONAL SUPPORT
(9) BLUE LOTUS FARM & RETREAT CENTER 5501 COUNTY RD M WEST BEND, WI 53095	43-1989545	501(C)(3)	11,925				ORGANIZATIONAL SUPPORT
(10) SHARON LYNNE WILSON CENTER FOR THE ARTS 19805 WEST CAPITOL DR BROOKFIELD, WI 53045	39-1787648	501(C)(3)	257,000				ORGANIZATIONAL SUPPORT
(11) CHARLES E KUBLY FOUNDATION 1341 W MEQUON RD 220 MEQUON, WI 53092	20-0375310	501(C)(3)	5,000				ORGANIZATIONAL SUPPORT
(12) MILWAUKEE PUBLIC MUSEUM 800 W WELLS ST MILWAUKEE, WI 53233	39-1723105	501(C)(3)	5,000				ORGANIZATIONAL SUPPORT
(13) PABST MANSION 2000 W WISCONSIN AVE MILWAUKEE, WI 53233	23-7447371	501(C)(3)	15,000				ORGANIZATIONAL SUPPORT
(14) SETON CATHOLIC SCHOOLS 3501 S LAKE DR ST FRANCIS, WI 53235	47-5493941	501(C)(3)	150,000				ORGANIZATIONAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14
- 3** Enter total number of other organizations listed in the line 1 table 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2016

Schedule I (Form 990) 2016

Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990) 2016

https://pp-990-rendered.s3.amazonaws.com/201721819349300217\_IRS990ScheduleI\_0.html?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=ASI... 2/4



Additional Data

Return to Form

Software ID:  
Software Version: